Clinical Leadership in Value-based Era: Wait or Innovate?

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October 2019

Objectives:

- Describe key changes in post-acute healthcare setting
- Learn importance of leadership in value-based care
- Provide strategies for motivating teams thru innovative solutions
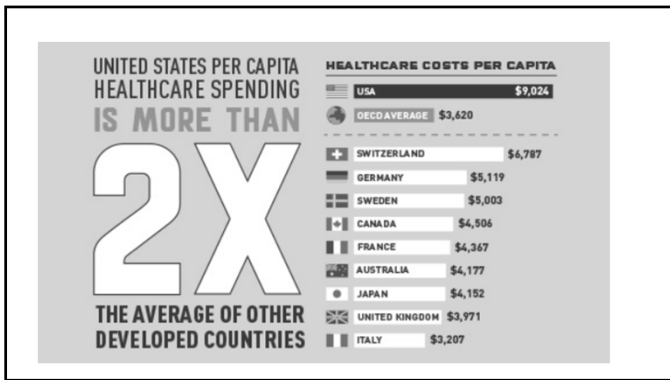- Visualize the role of the future medical director in the post-acute setting

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Disclosure

- Founder and equity holder of CareAscend Application

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Sloppy Shadows

- A 3-Star SNF (part of a chain) in ACO network with local hospital
- Highest hospitalization rates in network
- SNF chain leadership visits SNF and plans for enhancing care:
  - Mandate staff to call DON before transfers
  - Hire local hospitalist as the medical director
  - Assure INTERACT program compliance
- What are the chances that the SNF will improve hospitalization rates?

UNITED STATES PER CAPITA HEALTHCARE SPENDING IS MORE THAN **2X** THE AVERAGE OF OTHER DEVELOPED COUNTRIES

HEALTHCARE COSTS PER CAPITA

Country	Cost
USA	$9,024
OECD AVERAGE	$3,620
SWITZERLAND	$6,787
GERMANY	$5,119
SWEDEN	$5,003
CANADA	$4,506
FRANCE	$4,367
AUSTRALIA	$4,177
JAPAN	$4,152
UNITED KINGDOM	$3,971
ITALY	$3,207

Are We Getting Value from Healthcare?

When poll is active, respond at **PollEv.com/fmda**
Text **FMDA** to **22333** once to join

As per the OIG report "Adverse events in SNFs: National Incidence among Medicare Beneficiaries" what percentage of new SNF residents had an adverse event within 35 days of admission?

9%	A
18%	B
25%	C
33%	D
40%	E

From: **Adverse Events in Long-term Care Residents Transitioning From Hospital Back to Nursing Home**

JAMA Intern Med. Published online July 22, 2019. doi:10.1001/jamainternmed.2019.2005

Table 4. Characteristics of Adverse Events and the Subpopulation That Are Preventable and Ameliorable in the 45-Day Period After Hospitalization

	No. (%)	
Characteristic	Overall (n = 379)	Preventable/ Ameliorable (n = 267)
Category of severity		
Less serious	198 (52.2)	146 (54.7)
Serious event	145 (38.3)	95 (35.6)
Life-threatening event	28 (7.4)	19 (7.1)
Fatal event	8 (2.1)	7 (2.6)
Symptoms and outcome of adverse event		
No symptoms, but laboratory abnormality requiring change in therapy	10 (2.6)	6 (2.2)
Symptoms ≤1 d	37 (9.8)	29 (10.9)
Symptoms >1 d	294 (77.6)	201 (75.3)
Nonpermanent disability	24 (6.3)	18 (6.7)
Permanent disability	14 (3.7)	13 (4.9)

Characteristics of Adverse Events and the Subpopulation That Are Preventable and Ameliorable in the 45-Day Period After Hospitalization

Date of download: 8/18/2019

INTERACT Study Shows No Reduction in Hospitalizations, ED Visits

Joanne Kaldy

A study recently published in JAMA Internal Medicine demonstrated that remote training and support for the INTERACT program's implementation of the INTERACT program," according to Joseph Ouslander, MD, associate dean for geriatric programs at Florida Atlantic University, Boca Raton, and and shame," he said. "It's about recognizing condition changes earlier so that we can manage them and prevent a trip to the hospital or ED (and the related changes on-site or may worry about potential liability if the patient gets sicker. "There are many instances where there may be pressure from families to
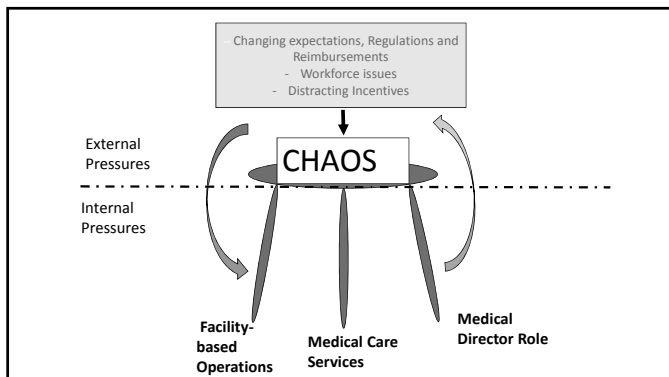
Barriers to Success for Better Quality:
Lessons from SMART De-prescribing Project

1. lack of ownership of this issue, *motivation* and resources to address polypharmacy
2. Lack of consistent *communication* between prescribers
3. Lack of available staff/project champion time
4. Frequent inability of nursing staff to access *data in a user-friendly* format
5. Lack of *financial incentives* of prescribers
6. Lack of *regulatory 'push'* to reduce medications beyond high-risk psychotropics

Abrahamson, Nazir et al. Lessons and Recommendations from the Indiana SMART Campaign to Reduce Nursing Home Polypharmacy. JAMDA. Accepted for publication, Aug 2019

Leadership Vacuum Resulting in Foundational Barriers to Quality Improvement in SNFs

- Facility-level
  - Team demotivation and burn-out
  - Incentives misalignment- financial and social
  - Lack of mentorship and professional development
  - Lack of Medical Director Impact
  - Others
- External
  - Regulatory burdens
  - Reimbursement frameworks
  - Innovation and implementation science gaps
  - Media negativity
  - Litigation burdens
  - Others

Changing expectations, Regulations and Reimbursements
- Workforce issues
- Distracting Incentives

External Pressures

CHAOS

Internal Pressures

Facility-based Operations

Medical Care Services
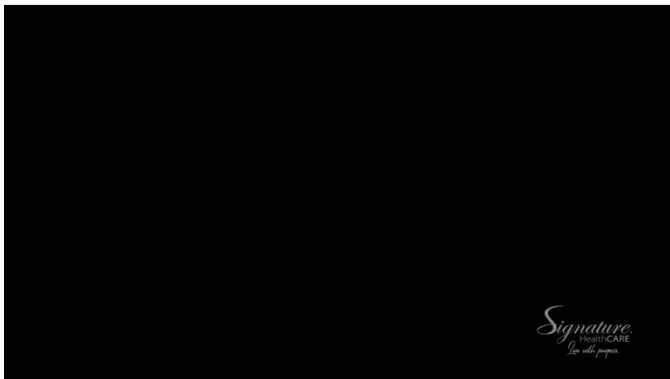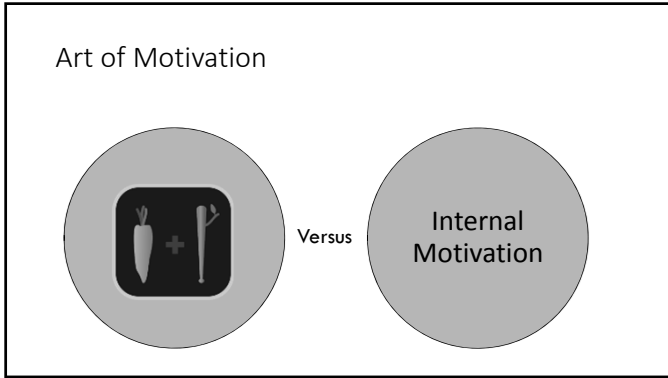
Medical Director Role

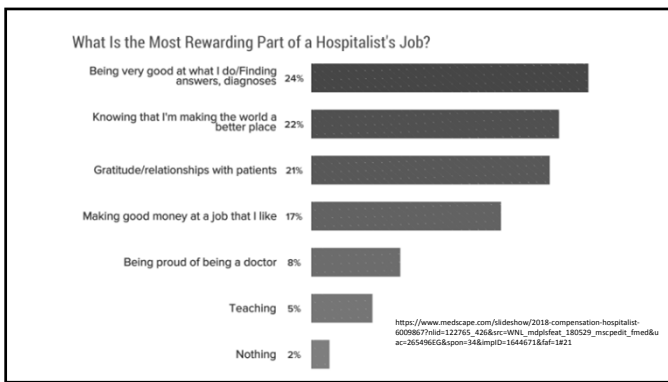## Key Roles of Effective Leadership in SNFs

- Motivate
- Meaningful Incentives
- Teach
- Understand and enhance impact
- Promote innovation culture
- Counter external pressures
  - Regulatory
  - Reimbursement
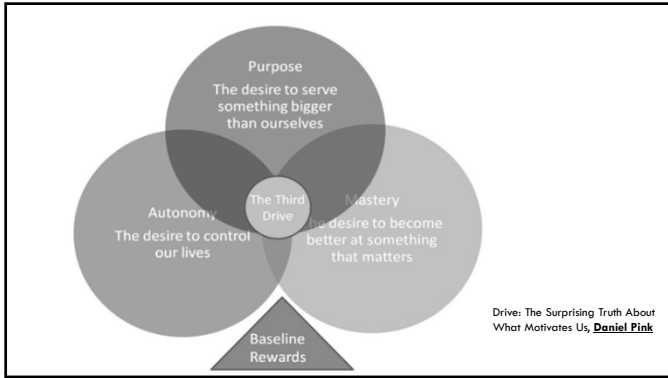 - Litigation
  - Media onslaught

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Art of Motivation

Versus

Internal Motivation

What Is the Most Rewarding Part of a Hospitalist's Job?

Being very good at what I do/Finding answers, diagnoses — 24%

Knowing that I'm making the world a better place — 22%

Gratitude/relationships with patients — 21%

Making good money at a job that I like — 17%

Being proud of being a doctor — 8%

Teaching — 5%

Nothing — 2%

https://www.medscape.com/slideshow/2018-compensation-hospitalist-60098667?nlid=122765_426&src=WNL_mdplsfeat_180529_mscpedit_fmed&uac=265496EG&spon=34&impID=1644671&faf=1821

What Else Did Nurses Say Is Most Rewarding?

"Improving the care of patients on a wider scale than is possible with bedside nursing."

"I leave work every day knowing I have done good in the world."

"Assisting new nurses with their transition to independent practice."

"The constant learning experience and many opportunities to grow."

"Helping my patients and seeing the look in their eyes when I help them."

"Helping people when they are at their worst and at their best."

"Doing work that matters, even if people don't appreciate it."

Purpose
The desire to serve something bigger than ourselves

Autonomy
The desire to control our lives

The Third Drive

Mastery
The desire to become better at something that matters

Baseline Rewards

Drive: The Surprising Truth About What Motivates Us, **Daniel Pink**

Starting Oct. 23, the "Do not proceed" symbol will be placed next to facilities that have been cited for abuse, neglect or exploitation. Authorities call the open-palm display in a red circle "a consumer alert icon."

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"Incentive plan? Your paycheck clears. How's **that** for incentive?"   21

Carrot and Stick Approaches

o Based on **principles of reinforcement** by philosopher Jeremy Bentham from industrial revolution!

o Focusing on specific outcomes does not improve skills or result in managing complexity, solving problems, or promoting creativity

o Such reward systems may undermine the desirable attributes

Ariely, Dan, et al. "Large stakes and big mistakes." *The Review of Economic Studies* 76.2 (2009): 451-469
Pink, D. H. (2009). *Drive: The surprising truth about what motivates us*
Amabile, Teresa M et al."Children's artistic creativity: Effects of choice in task materials." *Personality and Social Psychology Bulletin* 10.2 (1984): 209-215
https://www.gnu.org/philosophy/motivation.html

Mrs. Smith in a SNF

• Mrs. Smith is an ACO patient with uncontrolled pain and depression

• PMH: OA, CAD, HTN, Mild cognitive impairment

• On 12 medications; refuses statins due to muscle aches

• PCP dinged for "low quality" on the ACO report on CAD management

• Administrator requests PCP to document "intolerance to statins"

• Patient does not flag for low quality and Quality of care "improves" (PCP qualifies for a higher bonus)

• Mrs. Smith continues with uncontrolled pain and depression

Respond at **PollEv.com/fmda**
Text **FMDA** to **22333** once to join, then **A, B, C, or D**

Will MACRA Improve Physician Performance?

I am sure it will

I am not really sure

Is this a nutritional supplement?

I am tried of all these "quality initiatives", let me be!

JAMA Viewpoint
March 4, 2019

First-Year Report Cards From the Merit-Based Incentive Payment System (MIPS) What Will Be Learned and What Next?

Vinay K. Rathi, MD[1,2]; J. Michael McWilliams, MD, PhD[3,4]

"MIPS performance data that will soon emerge are unlikely to advance the goal of broad quality improvement"

"…better served by a broader (and harder) discussion of what drives high-quality care and how to foster quality care than by a continued singular focus on fixing a strategy that may be intractably flawed"

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Unintended Consequences of Carrots and Sticks Incentive Programs

- Focus on incentivized aspects and neglect for others
- Incentives push physicians to "force" decisions on patients
- Checking off indicators without satisfying all requirements
- "Cherry-picking"
- Provider success unrelated to patient experience
- Practitioner burden

Doran T, Roland M. Lessons from major initiatives to improve primary care in the United Kingdom. Health Aff (Millwood). 2010 May;29(5):1023-9

54% of doctors say they are burned out.[1]

**88%** of doctors are moderately to severely stressed.[2]

59% of doctors wouldn't recommend a career in medicine to their children.[3]

1. Mayo Clinic 2014.
2. VITAL WorkLife & Cejka Search Physician Stress and Burnout Survey 2015.
3. Jackson Healthcare; 2013 Physician Outlook and Practice Trends.

Burnout among Clinical Teams

- At historic levels
- More than 50% physicians have one element
- LTC physicians exhibit high exhaustion levels
- Worse in USA than Canada and Netherlands
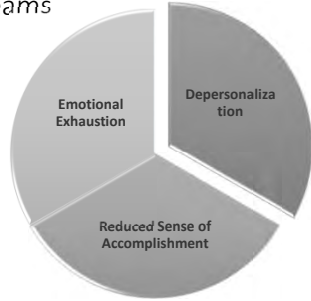
Nazir, Arif, et al. "The Prevalence of Burnout Among Nursing Home Physicians: An International Perspective." *J Am Med Dir Assoc* 19.1 (2018): 86-88.
Schwenk TL. Physician Well-being and the Regenerative Power of Caring. JAMA. Published online March 29, 2018.
Shanafelt TD, Dyrbye LN, West CP. Addressing Physician Burnout: The Way Forward. JAMA. 2017;317(9):901–902.

Emotional Exhaustion

Depersonalization

Reduced Sense of Accomplishment

Internal Motivation Approaches:
Signature HealthCARE

- "Mastery" opportunities
  - Onboarding and setting of expectations
  - Webinars, newsletters, geriatric faculty mentors
  - Pinnacle Program
- "Purpose" Initiatives
- Monthly Impact Reports
  - Professionalism/ engagement scores
  - Clinical Impact (polypharmacy, vaccinations, hospitalizations etc.)
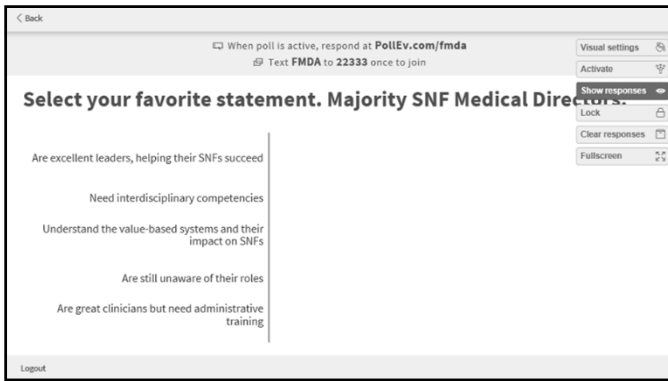- Incentives and social recognition

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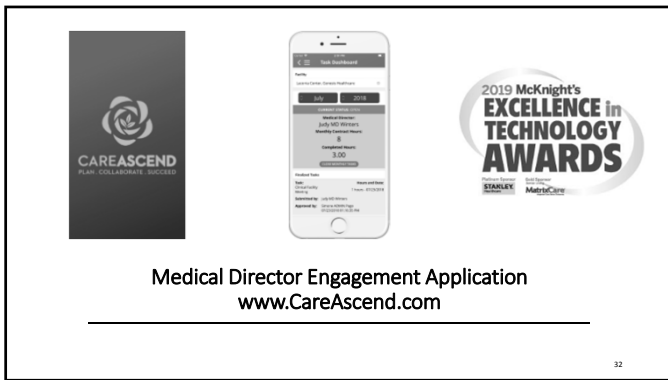## FORBES: Physician Leaders Will Shape the Future of Medicine
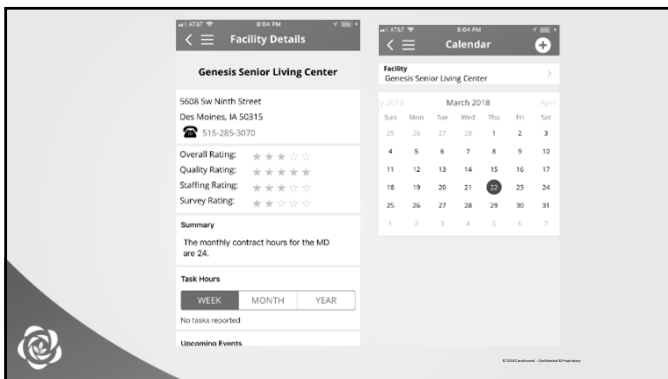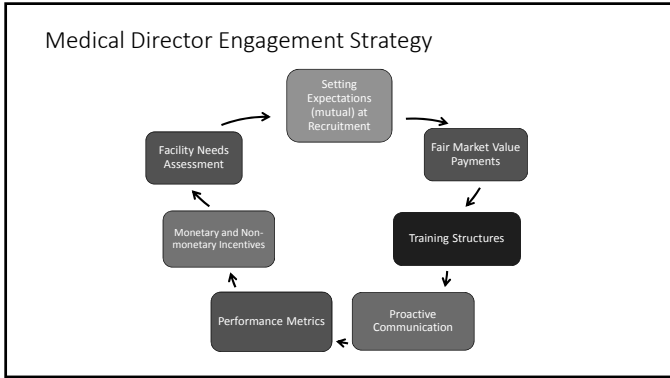
Gary Price, MD, and Tim Norbeck   Sep 6, 2017

- Bold and visionary leaders to tackle the challenges facing the practice of medicine, our patients and our communities.
- In these unsettled times, smart, compassionate and innovative leaders are needed more than ever… Essential that physicians are directly involved in healthcare leadership
- Healthcare today requires innovative, interdisciplinary physician leaders who will envision and shape the future of the business of medicine.
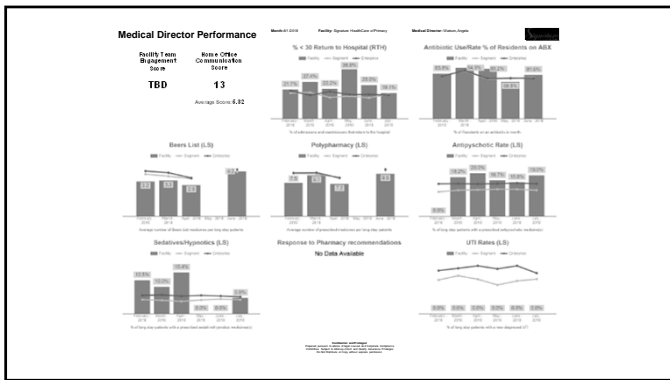
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Select your favorite statement. Majority SNF Medical Directors:

Are excellent leaders, helping their SNFs succeed

Need interdisciplinary competencies

Understand the value-based systems and their impact on SNFs

Are still unaware of their roles

Are great clinicians but need administrative training

Medical Director Engagement Application
www.CareAscend.com

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Medical Director Engagement Strategy

Return to Hospital – 30 Days Top 10 Engaged Medical Directors

—Top 10 Facilities Avg
—All Facilties

2017, Q3   2017, Q4   2018, Q1   2018, Q2

Return to Hospital – 30 Days Bottom 10 Engaged Medical Directors

—Bottom 10 Facilities Avg
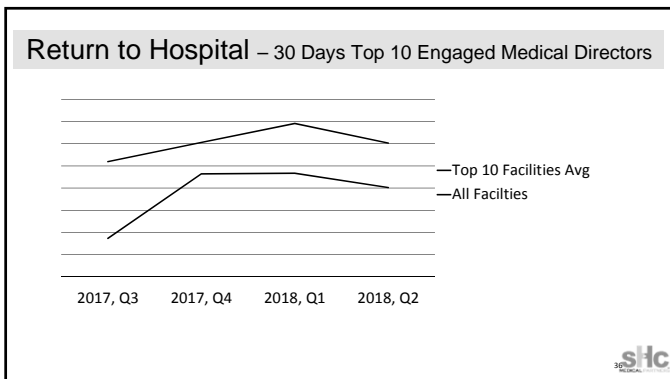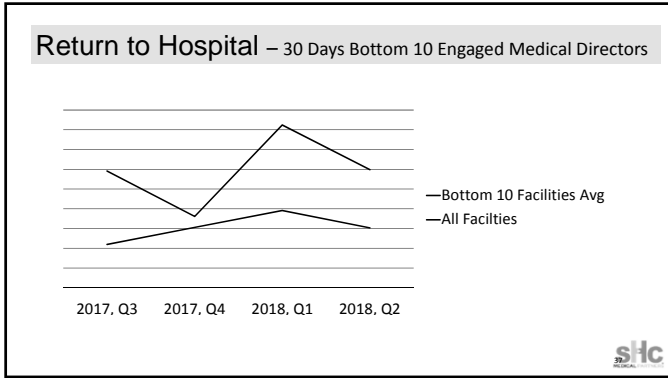—All Facilties

2017, Q3   2017, Q4   2018, Q1   2018, Q2

SHC Nurse Practitioner Care Hub Model
A 60/40 Partnership

- Key Concepts
  - A value-based model where responsibility of medical care and outcomes lies with practitioner teams (in-person or virtual)
  - Every patient assigned risk and carepaths, while assuring care coordination
  - Establishing accountability of care and transparency of outcomes
  - Facility education and training
  - Elevating role of physicians as coaches
  - Innovation e.g. Telehealth

2019 Advance Care Planning

2019 Hospital Prevention
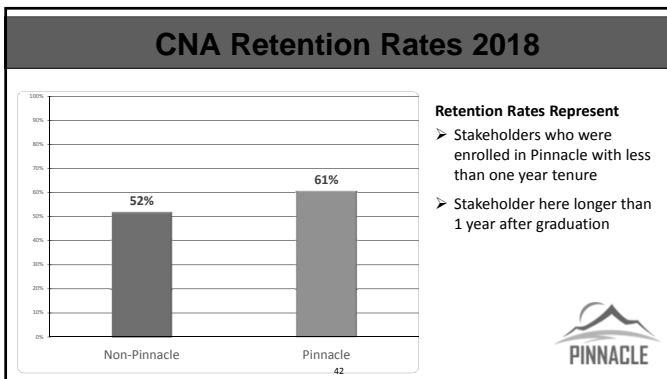

2019 Polypharmacy
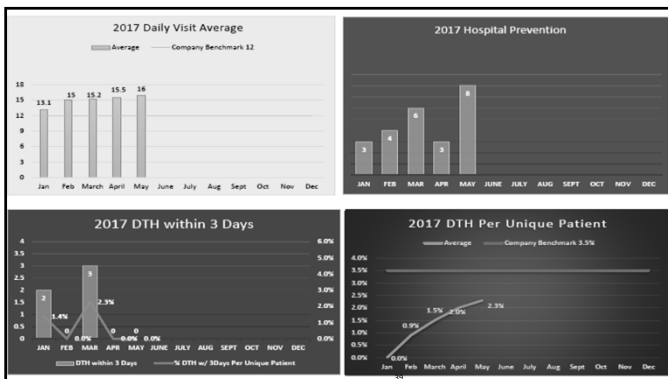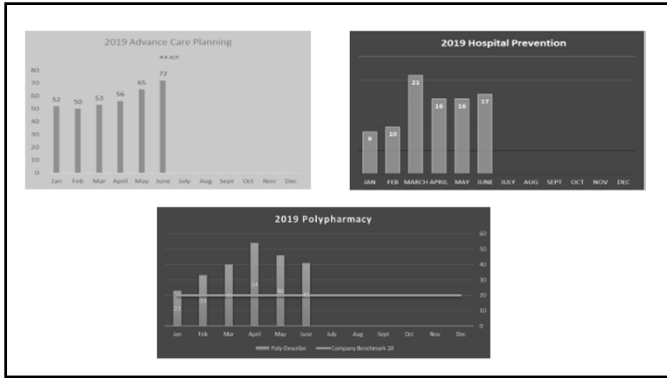
PINNACLE

Pinnacle is a career ladder for C.N.A.s that clearly defines how the stakeholder will develop their skills and knowledge. The program focuses on growing our C.N.A population by expanding not only on their clinical but also their leadership skills. Pinnacle has empowered our stakeholders to become more than 'just a body on the shift' and more of a valued contributor to revolutionary care.
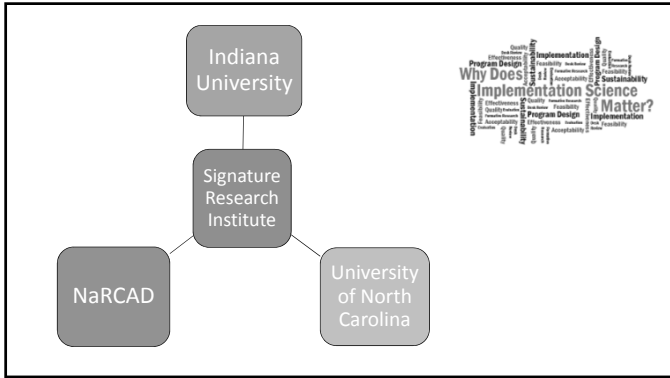

When we invest in our stakeholders, we see better outcomes for the residents in our care and increased morale in the home, leading to higher retention rates.
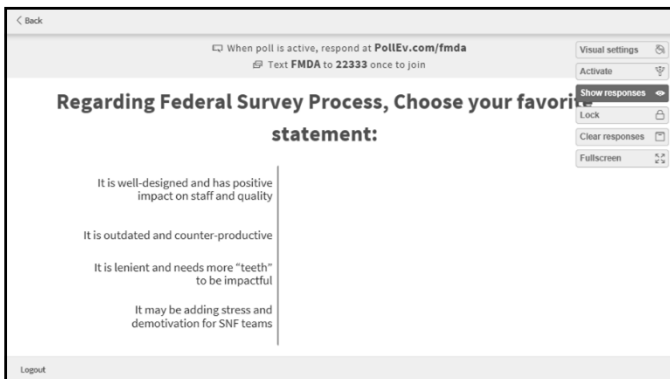
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CNA Retention Rates 2018

Retention Rates Represent
- Stakeholders who were enrolled in Pinnacle with less than one year tenure
- Stakeholder here longer than 1 year after graduation

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Indiana University

Signature Research Institute

NaRCAD

University of North Carolina

Why Does Implementation Science Matter?

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OPTIONS
GIVE UP
QUIT
THROW IN TOWEL
WHAT'S THE POINT?

"OK, I'm sensing a lot of negativity."

< Back

When poll is active, respond at **PollEv.com/fmda**
Text **FMDA** to **22333** once to join

Visual settings
Activate
Show responses
Lock
Clear responses
Fullscreen

Regarding Federal Survey Process, Choose your favorite statement:

It is well-designed and has positive impact on staff and quality

It is outdated and counter-productive

It is lenient and needs more "teeth" to be impactful

It may be adding stress and demotivation for SNF teams

Logout

JAMDA

journal homepage: www.jamda.com

Editorial

No One Cares When Planes Don't Crash: The Message
for Long-term Care

Arif Nazir MD, CMD, FACP, AGSF[a], Sheryl Zimmerman PhD[b,*], Michele L. Meyer[c]

[a] Signature HealthCARE, Louisville, KY
[b] Cecil G. Sheps Center for Health Services Research and Schools of Social Work and Public Health, University of North Carolina at Chapel Hill, Chapel Hill, NC
[c] School of Media and Journalism, University of North Carolina at Chapel Hill, Chapel Hill, NC
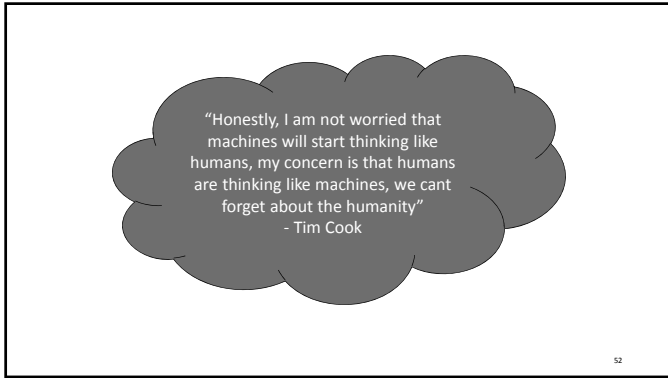
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Key Medical Director Role Attributes

- *Teamwork makes the dream work*
- focusing on the true needs of your customers
- Proactive communication with facility leadership
- Mutual mentorship with team members
- Self aware of impact on others (respect versus fear)
- Enforce accountability by being accountable
- Strategic approach to population health
- Open to innovative approaches
- Evidence versus myth

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AMDA Role in SNF Leadership

- Formal leadership strategy
- Medical director on-boarding program
- Promote interdisciplinary training programs
- Advocate for upgrade in survey processes
- Promote innovation partners to improve frontline care
- Toolkit to minimize burnout (similar to StepsForward program)
  https://edhub.ama-assn.org/steps-forward

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"Honestly, I am not worried that machines will start thinking like humans, my concern is that humans are thinking like machines, we cant forget about the humanity"
- Tim Cook

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Summary

- Value-based systems are highlighting the importance of effective leaders
- Lack of leadership may be dulling the QI efforts
- Effective leaders focus on motivation, coaching, innovation and systems of aligned incentives
- Effective leadership highlights the value of team
- AMDA needs to play an important role in re-energizing the medical director role for the evolving healthcare

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